



## **Registration Form for FAS Interactive Video Seminars**

**Title of Seminar**\_\_\_\_\_

**College/University/School**\_\_\_\_\_

**Department**\_\_\_\_\_

**Professor/Faculty**\_\_\_\_\_

**Address**\_\_\_\_\_

\_\_\_\_\_

**State**\_\_\_\_\_ **Zip Code**\_\_\_\_\_

**E-mail** \_\_\_\_\_

**Telephone**\_\_\_\_\_

**Fax Number**\_\_\_\_\_

**Requested Date**\_\_\_\_\_

**Requested Seminar  
Time**\_\_\_\_\_

**College/University Technical Contact for Compressed Video Teleconference**

\_\_\_\_\_

**Telephone Number**\_\_\_\_\_ **E-mail**\_\_\_\_\_

**FAS Official Who Confirmed the Video Teleconference:**

\_\_\_\_\_